# **Claim Form for Reimbursement**

## CHILD AND ADULT CARE FOOD PROGRAM



(See reverse side for instructions)

Institution:									
ID Number:							For the Month of	of20	
For example:	1	2	3	4	5	Α			
							. Claims not receivene exception. [REF: 7	d within 60 days of the claim mont 7 CFR 226.10(e)]	
Center Information:						rent I	Month Enrollment:	Total number of CACFP meals served to enrolled children:	
Licensed Capacity						_ Fre	е	Breakfast	
Number of Facilities						_ Red	duced	Lunch	
Total Monthly Attendance						_ Pai	d	Supper	
Average Daily Attendance (total monthly attendance divided by number of days meals were served) Number of Days CACFP Meals Served						Tota	al Enrolled	Snack / Supplement	
for free or reduce afterschool mean certifies that at classified as elimonth.	ced price als mus least 29 gible fo	ce mea st not b 5% of or Free Childre	als or vote inclustrates the chiese the contract of the contra	vere tit uded in ildren i duced	le XX I this p n care price r	peneficercent (enrol neals	ciaries. Children who age. [REF: 7 CFR 22 led or licensed capac	licensed capacity) were eligible only received at-risk 6.17(b)(4)] This institution ity, whichever is less) are quirements for this reporting sed Capacity:	
support it, it is payment has n	in acco ot bee delibe	ordand n rece rate m	e with eived. iisrepr	an ex I unde	isting rstand	agree	ment and applicable this information is be	d correct, records are available to licensing requirements, and sing given in receipt of federal ect me to prosecution under	
Authorized Signature						Date			
Title						Phone			
				Chilo			Care Food Program		
					Hele	na, M	х 202925 Г 59620-2925 6- <i>444-254</i> 7		

Toll Free: 888-307-9333

## Retain a copy for your files

## **CLAIM INSTRUCTIONS**

## **TOTAL MONTHLY ATTENDANCE**

Record the total number of participants in attendance daily. This should include every participant who attended during the day.

Each month, add together the attendance totals from each day. This is the total monthly attendance.

## **AVERAGE DAILY ATTENDANCE**

(Round this number up to the nearest whole number)

Average Daily Attendance = Total Monthly Attendance

Number of Days the Center Operated

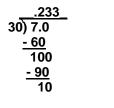
## **FR/P CERTIFICATION**

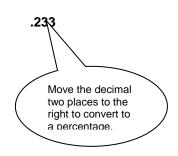
- 1. Add Free and Reduced participants;
- 2. Compare the enrollment and licensed capacity, selecting the lesser number; then,
- 3. Divide F/R Participants by the lesser of enrollment or licensed capacity to determine if your center has met the 25% minimum and are eligible to submit a claim. The answer should be .25 or more.
- 4. **Example #1**:

# Of F/R Children: 7

Total Enrollment: 36

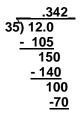
Licensed Capacity: 30 ← Capacity is less than Enrollment.

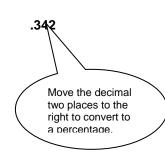




23.3% is less than 25%; this center **may not** claim.

5. **Example #2:** 





34.2% is more than 25%; this center **may** claim.

This claim form is available on the CACFP website at www.bestbeginnings.mt.gov